MONTANA STATE AUDITOR

John Morrison State Auditor



Commissioner of Insurance Commissioner of Securities

FROM: Steve Matthews, Chief Examiner

Montana Insurance Department 840 Helena Ave., Helena, MT 59601

SUBJECT: Alien Surplus Lines Insurers

Continuation of Eligibility in Montana

DATE: December 1, 2005

The requirements for the alien surplus lines insurer(s) you represent to remain eligible in Montana for the upcoming year are listed below. Please note that there are two new requirements, #3 and #4.

- 1. The insurer must submit a copy of the standard IID financial reporting format as filed with the NAIC as soon as it is available; and
- 2. The insurer must appear on the NAIC non-admitted insurers quarterly listing.
- 3. Annual premium by producer report. Due April 1.
 - Policyholders
 - Policy Number
 - Premium Amount
 - Effective Date of Policy
- 4. New legislation now requires the Montana Medical Malpractice Professional Liability Experience Report from all insurers writing medical malpractice professional liability insurance in Montana [Section 33-23-310, MCA]. Due April 1. Form attached.

Submissions and related correspondence should be directed to Dee Ann Glowacki, Examination Bureau.

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Montana Insurance Department 840 Helena Avenue Helena, MT 59601 (406) 444-2040

MONTANA MEDICAL MALPRACTICE PROFESSIONAL LIABILITY EXPERIENCE REPORT Pursuant to 33-23-310, MCA

Supplement to _____ Annual Statement for _____ (Company)

(406) 444-2040	To be filed March 1 (Surplus Lines - April 1).										
REQUIRED INFORMATION - From preceding calendar year	PHYSICIANS	OSTEOPATHS	PODIATRISTS	DENTISTS	OPTOMETRISTS	REGISTERED NURSE	LICENSED PRACTICAL NURSE	ALL OTHER SPECIALTIES	HEALTH CARE FACILITIES as defined by 50-5-101(23), MCA	TOTAL	
Number of insureds @ December 31											
a. Number of claims-made basis policies											
b. Number of occurrence basis policies											
a. Amount of direct premiums paid (written)											
b. Amount of direct premiums earned											
c. Total amount of underwriting expenses (Note in Total column only)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
Number of claims made against insureds											
a. Direct losses paid in 3											
b. Direct Case loss reserves in 3											
c. Direct IBNR loss reserves in 3											
d. Direct ALAE paid in 3											
e. Direct Case ALAE reserves in 3											
f. Direct IBNR ALAE reserves in 3											
Number of closed claims with direct loss paid											
a. Total amount of direct losses paid in 4											
Number of claims open with no direct loss paid											
Number of lawsuits filed against insureds											
a. Number of lawsuit claims closed without settlement											
b. Number of lawsuit claims closed with settlement											
c. Total amount paid in settlements in 6b											
Number of lawsuits that went to trial											
a. Number of judgments or verdicts for the plaintiff in 8											
b. Number of judgments or verdicts for the insured in 8											
c. Number of other judgments of verdicts in 8											
Total of direct losses paid for claims that went to trial and were closed											